

ADULT EDUCATION ACT
Section 321/326
FISCAL YEAR 1998-99
CLOSE-OUT

DEADLINE FOR SUBMISSION:
September 10, 1999

FINAL CLAIM FOR REIMBURSEMENT
Form III

****IMPORTANT****

In order to complete this claim, refer to Form II - Final Reconciliation (*CDE 101-B1*) which calculates your allowable reimbursement(s). Deadline for submission: September 10, 1999.

AGENCY:		COUNTY CODE	DISTRICT or VENDOR NO. - SUFFIX
PERSON COMPLETING FORM:		TELEPHONE NO:	
REPORTING PERIOD: July 1, 1998 -June 30, 1999			DATE OF CLAIM:
Column 1 PROGRAM (PCA number)	Column 2 REIMBURSABLE AMOUNT (form II, column 5)	Column 3 LESS PRIOR AMOUNTS PAID	Column 4 AMOUNT OF FINAL CLAIM (column 2 minus column 3)
Base Grant (03499)	\$	\$	\$
321 ABE (03055)	\$	\$	\$
321 ESL (03303)	\$	\$	\$
321 ESL-Citizenship (03802)	\$	\$	\$
326 Institutionalized (03844)	\$	\$	\$
TOTAL	\$	\$	\$

CERTIFICATION: I hereby certify that the reported one hundred hour units (HHUs) have been generated, reported expenditures have been made, and the program/project has been conducted in accordance with Federal and State laws and regulations. Full and complete records have been maintained and are available for audit purposes.

Printed Name of Authorized Agent:	Title:	Telephone:
Signature of Authorized Agent:		Date:

CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY

CLAIM APPROVAL

DATE:

DEADLINE FOR SUBMISSION:
September 10, 1999

ADULT EDUCATION ACT
Section 321/326
FISCAL YEAR 1998-99
CLOSE-OUT

PROGRAM ACTIVITY AND EXPENDITURE REPORT
FORM I

Reporting Period: July 1, 1998 to June 30, 1999

Agency Name:	County Code	District/Vendor No. - Suffix

Part A: ONE HUNDRED HOUR UNITS (HHUs) GENERATED (July 1 1998 June 30, 1999)

***Note:** Students must attend a minimum of 12 hours before their attendance is counted for hundred hour unit reimbursement. Further, ESL-Citizenship students must have met all the following 4 criteria: 1) Evidence is available to show there has been a gain in skill levels for the instruction areas; 2.) Evidence is available to show the individual has successfully completed training to take the INS test; 3.) Evidence is available to show the individual has successfully completed a practice test using one third of the items from the INS Practice Test; 4) Students must attend a minimum of 12 hours before their attendance is counted for HHU reimbursement. **ALL HHUs MUST BE EARNED BY JUNE 30, 1999. DEADLINE TO EXPEND BASE GRANT FUNDS IS AUGUST 31, 1999.**

Column 1 PROGRAM:	Column 2 GRANT FUNDS AWARDED	Column 3 HHUs GENERATED (MUST agree with the Enrollment Report, CDE 101-E-2) ***	Column 4 MONETARY RATE	Column 5 MONETARY VALUE (column 3 x 4)
BASE GRANT	\$			
ABE	\$	X	\$14.75	= \$
ESL	\$	X	\$11.75	= \$
ESL-CITIZENSHIP	\$	X	\$250.00	= \$
INSTITUTIONALIZED	\$	X	\$43.00	= \$

Part B: ACTUAL GRANT EXPENDITURES INCURRED (total by program)

BASE GRANT	ABE	ESL	ESL-CITIZENSHIP	INSTITUTIONALIZED
\$	\$	\$	\$	\$

Note: Eligible Base Grant activities include; staff development, program assessment and networking.

Part C: MAINTENANCE OF EFFORT

As required by the Adult Education Act (PL 100-297), amended by the National Literacy Act of 1991 (PL 102-73), report the total dollar value of **non-Federal** (state and local) funds and other *resources which support these programs. Report a grand total for all programs.

TOTAL

\$

* Resources may include contributions, including cash and third party in-kind, contributions of service and property, volunteer services, donated supplies, cost sharing of equipment, buildings and land, and donated property when these meet the criteria set forth in the Education Department General Administrative Regulations Section 74.23. These resources must be verifiable from the recipient's records.

CERTIFICATION: I hereby certify that the reported one hundred hour units (HHUs) have been generated, reported expenditures have been made, and the program/project has been conducted in accordance with Federal and State laws and regulations. Full and complete records have been maintained and are available for audit purposes.

Print Authorized Agent's Name & Title _____

Signature _____ Date _____

ADULT EDUCATION ACT
Section 321/326
FISCAL YEAR 1998-99
CLOSE-OUT

FINAL DEADLINE FOR SUBMISSION:
September 10, 1999

FINAL RECONCILIATION

FORM II

**** IMPORTANT ****

The figures requested in Column 3 and 4 below are to be transferred from Form I- Program Activity and Expenditure Report (CDE 101-B2), parts A and B. Column 5 below, Reimbursable Amount, is the lowest of the figures listed in columns 2, 3 or 4. Final deadline for submission is September 10, 1999.

Agency Name:	County Code	District/Vendor No.- Suffix

Reporting Period: July 1, 1998 to June 30, 1999

Column 1 PROGRAM	Column 2 GRANT AWARD (as listed on Form I, Part A, Column 2)	Column 3 GENERATED HHUs MONETARY VALUE (as listed on Form I, Part A, Column 5)	Column 4 EXPENDITURES INCURRED (as listed on Form I, Part B)	Column 5 REIMBURSABLE AMOUNT (place here the <u>lowest</u> amount from column 2, 3, or 4)
BASE GRANT	\$		\$	\$
ABE	\$	\$	\$	\$
ESL	\$	\$	\$	\$
ESL-CITIZENSHIP	\$	\$	\$	\$
INSTITUTIONAL	\$	\$	\$	\$

CERTIFICATION: I hereby certify that the reported one hundred hour units (HHUs) have been generated, reported expenditures have been made, and the program/project has been conducted in accordance with Federal and State laws and regulations. Full records have been maintained and are available for audit purposes.

Print Authorized Agent's Name & Title _____

Signature _____ Date _____

ADULT EDUCATION - FY 1999-2000 CLOSE-OUT ENROLLMENT REPORT

COUNTY & VENDOR/DISTRICT CODES (See Letter of Encumbrance for these codes)

FY	County Code	Vendor Code	Suffix
99	56	72546C	

AGENCY NAME (School District/Community College/Private Agency)

Oxnard Union High School District

**Table 1 TOTAL ENROLLMENT DATA (July 1, 1999 through June 30, 2000)
 BY INSTRUCTIONAL PROGRAM**

	ADULT BASIC EDUCATION (ABE) (A)	ENGLISH AS A SECOND LANGUAGE (ESL) (B)	ESL-CITIZENSHIP (C)	ADULT SECONDARY EDUCATION (D)
NUMBER OF TEACHERS (UNDUPLICATED)				
NUMBER OF INSTRUCTION HOURS				
NUMBER OF ENROLLEES (UNDUPLICATED)				
NUMBER AT ATTENDANCE HOURS				
NUMBER OF STUDENTS EARNING ONE OR MORE BENCHMARKS -Benchmarks generated must match the number of Benchmarks reported as earned on the Close-Out Report				

**INSTRUCTIONS FOR COMPLETING
(FORM CDE 101-E2)**

All 225/231 providers must complete the Close-Out Enrollment Report for FY 1999-2000. All Close-Out Enrollment Reports must be received in the Adult Education Office by **August 15, 2000** in order to receive payments. The following provides instruction to complete the Close-Out Enrollment Report. For additional assistance call your regional consultant in the Adult Education Office at (916)322-2175.

County Code	Vendor Code	Agency Name
56	72546C	Oxnard Union High School District

Complete the information in the box provided.

TABLE 1. TOTAL ENROLLMENT DATA (July 1, 1999 through June 30, 2000)

Number of Teachers (Unduplicated): Enter number of teachers for the entire fiscal year (July 1, 1999-June 30, 2000) who taught ABE, ESL, ESL-Citizenship, and Adult Secondary Education/GED preparation. Every class has an instructor. If the same instructor teaches two classes of two different groups of students, the instructor is counted only once.

Number of Instructional Hours: Report total number of hours of instruction, teaching, or tutoring.

Number of Enrollees (Unduplicated): Report only enrollees who received at least 12 hours of ABE, ESL, ESL-Citizenship or ASE instruction.

Number of Attendance Hours: Report total number of hours of actual seat time per student.

Number of Benchmarks earned: Report the total number of Benchmarks earned.

Tables 1 & 2 – Although some of the information requested in these tables may have already been reported, please make every effort to complete these three tables. The information requested is vital in that it is part of a report to the U.S. Department of Education.

Print Authorized Person Completing Report: _____ Phone: _____

Signature: _____ Date: _____

TABLE 2. Report the number of participants and the number of classes by time and location.

LOCATION OF CLASS (A)	NUMBER OF PARTICIPANTS (B)	NUMBER OF DAYTIME CLASSES (C)	NUMBER OF EVENING CLASSES (D)	SITES OPERATING FULL-TIME PROGRAMS (25 hours or more unduplicated count) (E)
SCHOOL BUILDING:				
Elementary/Secondary school district				
Community college district (junior college, technical institute, etc)				
Four-year college				
OTHER LOCATIONS:				
Learning center				
Correctional institution				
State/local institution for the disabled				
Work site				
Library				
Community-based organization center				
Home or home-based				
Other				
TOTAL:				

TABLE 3. Enter an unduplicated count of personnel by function and job status.

Function Organizational Placement and Type of Job Performed (A)	ADULT EDUCATION PERSONNEL		
	Paid Personnel		Unpaid Volunteers (D)
	Total number of part-time Personnel (B)	Total number of full-time Personnel (C)	
1. Local-level administrative/supervisory/ancillary services			
2. Local teachers			
3. Local counselors			
4. Local paraprofessionals			